


JUN 06 2005

PTO/SB/22 (12-04)
WCSR Form (12/2004)

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)).</i>		Docket No. : 1084 1250	
Serial Number	10/002,180	Filed	Dec 5, 2001
In re Application of	SATRAN, et al.		
For:	ROTARY CUTTING TOOL		
Group Art Unit:	3724	Examiner:	Kenneth E. Peterson
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ 120	\$ 60
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$ 450	\$ 225
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$ 510
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$ 795
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$ 1080
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 09-0528		
I have enclosed a duplicate copy of this sheet.			
I am the	<input type="checkbox"/>	applicant/inventor.	
	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
	<input type="checkbox"/>	attorney or agent of record.	
	<input checked="" type="checkbox"/>	attorney or agent under 37 CFR 1.34(a).	
		Registration number if acting under 37 CFR 1.34(a)	39,893
		June 6, 2005	
Nanda K. Alapati		Date	
		Telephone Number: 703-394-2216	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below			
<input type="checkbox"/>	forms are submitted.		

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